JUN-26-2002 03:13P FROM:

•	12
To: *8217038729327	Pegfor
100211030123021	PAT

PTO/SB/30 (10-01)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Peternt and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Commissioner for Patents **Box RCE** Washington, DC 20231

medicinon of information drives a displays a valid Olive control number.					
Application Number	09/892.185				
Filing Date	6/26/01 7-2				
First Named Inventor	Brett a Hall				
Art Unit	3661				
Examiner Name	Eric M. Gibson				
Attorney Docket Number					

This is a Request for Continued Examination (RCE) under 37 Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not 1995, or to any design application. See Instruction Sheet for RCEs (not to be sub	apply to any utility or plant application filed prior to June 8.						
Submission required under 37 CFR 1.114							
2. Miscellaneous a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) regulated) b. Other							
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RC a. The Director is hereby authorized to charge the following a Deposit Account No. RCE fee required under 37 CFR 1.17(e) Extension of time fee (37 CFR 1.136 and 1.17) Other							
b. Check in the amount of \$enclosed							
c. Payment by credit card (Form PTO-2038 endosed)							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
SIGNATURE OF APPLICANT, ATTORNE	Y. OR AGENT REQUIRED						
Name (Print (Type) Brett Hall	Registration No. (Attorney/Agent)						
Signature Brett Hall	Date 6-26-02						
CERTIFICATE OF MAILING OR TRANSMISSION							
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an entranspect of Computational For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Unice on the date shown below.							
Name (PrintlType) 370.00 0P							
Signature 126.00 UP 27.00.00	Date						

07/03/2002 01 FC:279

02 FC:202 03 FC:203

Burdan Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Tradement Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patients, Box RCE, Washington, DC 20231.

PTO/SB/17 (11-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the	Under the Pacerwork Reduction Act of 1995, no censors are received to respond to a collection of information unless it displays a valid OMB control number													
FEE TRANSMITTAL							Complete if Known							
LEE I L'AIA 9 MILLI ME					~L	· [App	Alcati	on Nu	mber	09	1896	1.185	
for FY 2002					- 1	Filing Date				6	126/0	7		
Į.			re subject to a				Fire	t Nan	ned Ir	ventor	Br	ptt	a Ha	ı.
N7						[Examiner Name			Ю	Eri	c. M. (Sibson	
Applicant claims small entity status. See 37 CFR 1.27					_	Group Art Unit 366						21000		
TOTAL AMOUNT OF PAYMENT (\$)						ł		·				<i>(</i> 0)		
AMERICA SCHOOL TO.														
METHOD OF PAYMENT (check all that apply)						FEE CALCULATION (continued)								
Check Credit card Money Other None 3. ADI							DDN	TION	AL F	EE\$				
Deposit A	Account:		0,,		ų	egn	€ntit	vi 8m	II Ent	HY.				
Deposit						Foe Code	Fag (\$)	Fee			Fee	e Descripti	ion	Fee Paid
Account Number					- 1	105	130	205	\$ (\$ 65		ma - bak	o filing fee or	aeth	
Deposit Account				- 1		127	50	227	25		_	-		
Name L The Commissio	one- i-	a) et b.a.d	d to: (chart -	// // // // // // // // // // // // //	1		æ	***	تء	COVEL 8	heet	e provisional	initig tee or	
Charge fee(s				ii mat apply) III any overpaymen	, l	139	130	139	130	Non-En	glish sp	ecification		
I —						147	2,520	147	2,520	For filin	g a requ	uest for er pe	erite reexaminal	tion
Charge any additional fee(a) during the pendency of this application Charge fee(s) indicated below, except for the filling fee					112	920°	112	920°	Reques	ting put er action	lication of St	IR prior to		
to the above identified deposit account.				↲▗	113	1,840	113	1.840			n Hication of Si	IR after		
			CULATION		┙.					Examin	er action	n		
1. BASIC FIL						115	110	215	56			apsy within fir		ļi
Fee Fee			e Description	ı		16 17	400	216	200			ply within se		
Code (\$)	Code (1	\$}		Fee Pal	4 I		920 ,440	217	460 720			ply within thi		
101 740	201 37		tility filing fee		7 1		.960	228				ply within for		
	206 16	_	esign filing fee		J I	19	320	1	980			ply within fift	h month	
	207 25 208 37		lant filing fee eissua filing fe	_	-11	20	320	219	160	Notice o				
			rovisional filing		-4 #	21	280	221	140	_		support of en	appeal	
1	•		_		- 1		,510		1.510	Request Petition (_	se proceeding	
			STOTAL (1)		<u></u>	40	110	240	55			- unavoidat	-	
2. EXTRA CI	LAIM F	FEES F	OR UTILITY	Y AND REISSL	JE 1	41 1	,280	241	640			- unintentio		
	[37]			below Fee Pa	10	42 1	,280	242	640			or reissue)		
Total Claims Independent	1361	-26° =	3 ×	4 87	- 1 1	43	460	243	230	Design i	ssuo fee	•		
Claims Multiple Depend	L.Q) Sent	-3 -	اعا×	29 - 190	-, I		620	244	310	Plant iss	ue foo			
			L	=			130	122	130			Commissione		
Large Entity	Small E	ntity			3	23	50	123	50			mder 37 CFF	• • •	
Fee Fee Code (2)	Fee F	**************************************	Fee Descripti	en,	f		180		180				sclosure Strnt	
103 18	203	-	laims in excess	of 20	5	31	40	581	40	Recordin property	g each (times n	patent assign	nment per operlies)]]
102 84		42 in	dependent clai	ma in excess of 3	14	18 :	740	248	370			on after final		
104 280	204 1	40 M		ent claim, if not pak	١			0 46		(37 CFR	§ 1.129	(a))		
109 84	209 4	12 **	Reissue inder over original pr	endent claims	1 14	9 7	40	249	370	For each examined	addition d (37 CF	nal invention R § 1.129(b	to be	
110 16	210	9	Relssue claim	s in excess of 20	17	9 7	40	279	370				nation (RCE)	370
•			and over origin	sai patent	18	9 8	100	169	900			edited exami		73/5
PHOTOTAL IN ICE 1 7 2							ŀ			of a desi	gn appli	cation	~~~	
							e (sp	ecify)						
"or number previously paid, If greater, For Releasures, see above Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 370														
SUBMITTED BY														
Name (Pred Ivee) Post to 11 11 Registrator to														
		<u> </u>	tt ().1	नवा।			mou at moy!/					Telephone	720-51	7-5991

Brett O. Hall

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 2038. 6-26-02

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.